

WHAT YOU SHOULD BE THINKING AS YOU TREAT YOUR PATIENT...

Unresponsive?
Absent or Abnormal breathing?


Yes Check pulse (< 10 seconds)

Is there a DEFINITE pulse?

Yes Give 1 breath every 5-6 seconds
Recheck pulse every 2 minutes

No Begin CPR:
Rate >100 per minute
Compressions >2 inches deep
Allow full chest recoil
Minimize interruptions
Avoid excessive ventilation

Apply AED
Is there a Shockable rhythm?

Yes Shock 
and resume chest compressions
immediately for 2 minutes

No Resume chest compressions
immediately for 2 minutes

for more information go to
<http://static.heart.org/eccguidelines/index.html>

ASSESSMENT

Mental Status	1	Unresponsive
Respiration	2	Absent or abnormal (i.e. gasping)
Pulse	3	Absent (check for less then 10 senconds!)

ACTIONS

CPR Sequence:

Compression Technique > Airway Management > Breathing Rates

Compression Rate	> 100 per minute		
Compression Depth	Adult > 2 inches	Child > 1/3 chest height	Infant > 1/3 chest height
Chest Wall Recoil	Allow complete recoil between compressions.		
Crew Rotation	Rotate every 2 minutes.		
Airway	Head tilt-chin lift or jaw thrust.		
Ventilation Ratio (Compressions: Ventilations)	Adult 30:2	Child 15:2	Infant 15:2
Ventilation Rate	8 breaths per minute (1 second per breath, visible chest rise, asynchronous with chest compressions if intubated).		

Remember to minimize / eliminate chest compression interruptions!



Defibrillation

Attach AED as soon as possible.

Minimize chest compression interruption to analyze and shock.
Resume chest compressions immediately following shock!